

## CLAIMS ONLY

Application Number

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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50						
Total Indep	4		4			
Total Depend	13		13			
Total Claims	17		17			